



What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY HEALTH AND FAMILY PLANNING PROJECT



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Navrongo Health Research Centre

GATES WITHOUT COMPUTERS

Oscar Batabi Tiyiama II is the 15th Paramount chief of the Kayoro Traditional area. He became chief in 1988 and is presently the Vice President of the Upper East Regional House of Chiefs. Following is a speech he presented at a durbar on November 2, 2002 before a team from **The Bill and Melinda Gates Foundation** who visited Kayoro to study, among others subjects, how the CHFP works.



Oscar Batabi Tiyiama, Paramount Chief
of the Kayoro Traditional Area

“The Director of the Navrongo Health Research Centre, Distinguished Ladies and Gentlemen, my elders and people of Kayoro, it is an honour and a great pleasure for me to welcome so many renowned personalities to Kayoro today. Kayoro is an isolated community, one of the most isolated communities in Ghana. It is far from all the big cities, the big industries, and the big people. It has no electric power; there are no vigorous economic activities going on. It is 25 kilometers away from the nearest health facility. But your visit to this community today is not by chance. Kayoro is an important community nevertheless, one of the smallest but most important communities in this country. Kayoro is the home of great things—the home of new ideas—the home of innovations. What has brought you all here today has to do with what Kayoro has done for Ghana, and for humanity.

Distinguished Ladies and Gentlemen, the goal of the new health promotion movement worldwide is for local communities to develop a process for enabling people to increase control over and to improve their health. This stems from the realization that, solving population health problems should no longer be the sole responsibility of health institutions. Community members and local groups must participate in open discussions and feel empowered to act on those health concerns that they jointly define.

A little less than 10 years ago a group of scientists plodded their way up here and together we started discussions that were to culminate in the discovery of improved ways of serving our people. The Community Health and Family Planning (CHFP) Project, now simply, The Navrongo Experiment, was consulting with communities to find appropriate means of improving health care delivery. It was the first time an experiment was launched here that considered ordinary people as consultants and active participants instead of passive recipients of services. Our contribution was blunt and plain—we needed services that would respect, not subvert, our rich cultural values. We said Kayoro is 25 kilometers away from the nearest health centre. We cannot get to the health facility—it is the health facility which should come to us. Our advice was based on simple logic—if our people can live in mud houses then health can also be located in mud houses.

Ladies and Gentlemen, for a moment, we ourselves thought we were crazy by suggesting that health care delivery could be provided from a mud house roofed with grass. We were even surprised to the point of being shocked to discover that the scientists were prepared to try out our ideas. Their reasoning was that community members were dependable consultants who had a fair idea about what would work and what

would fail. We gleaned from our meager resources to build a Community Health Compound, which you can see behind you, **(points in direction of the CHC)** where the nurse still lives and provides valuable and quality health services.

Before long the benefits of our innovative ideas began to show. Common diseases such as diarrhoea and measles reduced drastically. More and more of our children were surviving the difficult years of life. Fear-induced hatred of family planning services started to fade away and our people began to discuss family planning openly. Once success was recorded here in Kayoro the experiment was scaled up across the entire Kassena-Nankana District.

The rest is history.

Today health for all has become a reality. Throughout Ghana community-based health service delivery is being organised using the Navrongo approach, which is based on ideas generated from this community. We feel justifiably proud that people like you come from far away across the ocean to see the birthplace of innovation in community-based health care provision.

Distinguished guests, on behalf of my people I wish to thank and congratulate the Navrongo Health Research Centre for being brave enough to have implemented our ideas and to assure them that Kayoro would remain a place of innovation and experimentation. A new Community Health Compound built with cement is springing up down there **(points in direction of the CHC)** to replace the previous one which is expensive to maintain. I believe the Director General of the Ghana Health Service would continue to support the research institutions and communities to use the Navrongo approach to improve health service delivery in Ghana.



Amy Knight and Alan Keller of the Gates Foundation looking forward to building durable partnerships for global health promotion

The Director of the Navrongo Health Research Centre, Distinguished Ladies and Gentlemen, my elders, and people of Kayoro, I hope members of the Bill and Melinda Gates Foundation would forgive our ignorance. The name Bill Gates is associated with computers. As you can see there are no lights in Kayoro. By implication there are no computers here. But I have been made to understand that the Gates Foundation supports global health programmes. When our dynamic District Director of Health Services,

Dr. Samuel Kweku Enos, used to tell us that he was a Gates Scholar, we did not understand. He has had the opportunity to study abroad under Gates support and his services are now available to us. What this means is that, even though we did not know who the Gates Foundation was and what it does, we had already begun to benefit from its generosity.

Distinguished Ladies and Gentlemen, it is our hope that if the Gates Foundation can continue to contribute resources we shall contribute innovative ideas so that together we can stamp out disease and make the world a better place for us all. We look forward to building durable and mutually beneficial partnerships.”



Jim Phillips, Ayo Ajayi, Abraham Hodgson and Alan Keller at the durbar grounds in Kayoro

Send questions or comments to: What works? What fails?

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This series has been launched to share experiences with people in Ghana and elsewhere around the world about what has worked and what has failed in an experiment to make primary health care widely accessible to rural people. The Kassena-Nankana community, whose active participation made *The Navrongo Experiment* possible, are hereby duly acknowledged. This publication was made possible through support provided by the Office of Population, Bureau for Global Programs, Field Support & Research, U.S. Agency for International Development, under the terms of Award No. HRN-A-00-99-00010. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development. Additional support was provided by a grant to the Population Council from the Bill and Melinda Gates Foundation. The Community Health Compound component of the CHFP has been supported, in part, by a grant from the Vanderbilt Family to the Population Council.